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## BIB DATA SHEET

CONFIRMATION NO. 6747

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/590,229	06/28/2007 RULE	514	3761	14283.0013USWO		
<b>APPLICANTS</b> Elizabeth Rajan, Rochester, MN; Christopher J. Gostout, Rochester, MN; Kevin E. Bennet, Rochester, MN;						
<b>** CONTINUING DATA ***** I. T. 11/25/2008</b> This application is a 371 of PCT/US05/05782 02/24/2005 which claims benefit of 60/547,483 02/25/2004						
<b>** FOREIGN APPLICATIONS ***** I. T. 11/25/2008</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/06/2007						
Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
<b>Verified and Acknowledged</b> /ILYA Y TREYGER/ Examiner's Signature						
<b>ADDRESS</b> MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903 UNITED STATES						
<b>TITLE</b> Gastric Bypass Devices and Methods						
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		